

☒ YES ☐ NO

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any _____ Artist George Schroeder
FIRST NAME LAST NAME
Address 13 Garfield Rd. Aurora Portage Tel: 562-7859
NO. STREET CITY ZONE COUNTY

☐ YES ☒ NO

ry Blank..

[illegible]

Use second blank if required

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

SIGNATURE _____

REC'D MAR 11 1963